



STATE OF LOUISIANA
STATE LIABILITY TRAVEL CARD AND CBA PROGRAM
CARDHOLDER AGREEMENT FORM

As a cardholder of the State Liability Travel Card and CBA Program for _____ (agency) I am accepting responsibility for the assurance that all charges against the card were properly charged for legitimate State of Louisiana business needs as initialed and outlined in this agreement. I agree that I have read and completely understand each purchase is to be in accordance with PPM49 and all purchasing rules, regulations, statutes, and executive orders, if applicable, and all state and agency policies.

I further agree:

- ☐ As a cardholder, to accept responsibilities listed, obtain, understand and comply with all state and agency policy requirements, responsibilities and procedures, PPM49, all purchasing rules, regulations, statutes and executive orders in regards to the State Liability Travel Card and CBA Program.
- ☐ As a cardholder, to ensure that every transaction complies, with the terms and conditions of this agreement, PPM49, the State's Travel Card and CBA Policy, my agency policies, all purchasing rules, regulations, statutes and executive orders and State Liability LaCarte Purchasing Card Policy, if applicable.
- |] As a cardholder, to ensure that I received a copy of, or provided a link for download, of PPM49 and all state and agency policies, rules, regulations, procedures executive orders, statutes and any other applicable to the State Liability Travel Card and CBA program and have read and understood all.
- (] As a cardholder, to sign the Cardholder Agreement Form, annually, acknowledging responsibilities associated with the State Liability Travel Card program. The original will be given to agency program administrator and I will receive a copy for myself.
- |] As a cardholder, to obtain annual cardholder certification through the State's online certification training program with a passing grade of at least 90.
- |] As a cardholder, to secure all assigned WORKS application User IDs and passwords. To never share User ID and passwords and/or leave work area while logged into the system or leave log-in information in an unsecure area.
- (] As a cardholder, to ensure that I will keep well informed of program updates from the agency program administrators or anyone associated with the State Liability Travel Card Program.
- |] As a cardholder, I understand that a card will only remain active, if used in a 12 month period. I understand that if dormant for twelve months, justification and approval from the Office of State Travel would have to be given to continue to possess a card.

- ☐] As a cardholder, to ensure that all online accounts, such as Amazon, PayPal, eBay, etc, if necessary and allowed by my agency, has a standalone business account or registration and is not combined with any individual personal account. By doing this, it will allow the agency access to view the accounts online while verifying that all purchases were business related, email receipts were not altered and that all purchases are being delivered directly to the agency.
- ☐] As a cardholder, to immediately notify the agency's program administrator or approver upon separation, change in department/section or during extended leave, ensuring that proper procedures, as outlined in the agency policy, are being followed and card is returned to the program administrator to cancel and destroy.
- ☐] As a cardholder, to complete all necessary monthly requirements in accordance with my agency's internal policy if I am absent or on extended leave during a reconciliation process.
- ☐] As a cardholder, to complete exit procedures including providing and reviewing current transactions with my approver/supervisor and/or program administrator, verifying that all necessary supporting documents, receipts and required signatures has been provided.
- ☐] As a cardholder, to immediately notify the agency's program administrator if the card is lost, stolen or has fraudulent charges and to immediately report to Bank of America.
- ☐] As a cardholder, to monitor abuse whether intentional or non-intentional. I understand, depending on the findings, management, law enforcement, any appropriate personnel and the Office of State Travel will be notified, if applicable.
- ☐] As a cardholder, to immediately report any fraud or misuse, whether actual, suspected, or for personal non-business related purchases to the agency's program administrator as well as the head of the agency, and other personnel/agencies as required. I agree to any disciplinary actions, as outlined in my agency policy which may be deemed appropriate.
- ☐] As a cardholder, I acknowledge that any recognized or suspected misuse of the Travel Card program may be anonymously reported to the State of Louisiana Inspector General's Fraud and Abuse Hotline at 1-866-801-2549 or for additional information I may visit <http://oig.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=3&pnid=0&pid=4&catid=0>
- ☐] As a cardholder, to notify the agency program administrator if I have not received the monthly memo statement timely, this is normally around the 10th of the month.
- ☒] As a cardholder, to ensure transactions do not include state sales tax, as transactions are state tax exempt.
- ☐] As a cardholder, to ensure that each transaction has an appropriate business purpose and need for state business purchase, that all approvals were obtained for the purchase, that each transaction has a receipt, appropriate supporting documentation and each transaction's supporting documentation is scanned into Workflow and tied to each applicable transaction, once agency has been implemented into Workflow. In the event that a transaction is being investigated, I fully understand that I must explain and justify any transaction being questioned.

- |] As a cardholder, to ensure that no transaction is a duplication of a personal request and/or reimbursements through the individual travel reimbursement process (travel expense form or travel system), and in accordance with PPM49.
- |] As a cardholder, I will understand and will be responsible for state, city and parish tax reimbursements to applicable hotel, city, parish and/or State to handle hotel charges which are not allowed but were charged resulting in an unauthorized tax exemption.
- ☐] As a cardholder, to ensure that every transaction has a receipt and receipt's date is verified, ensure amount is correct and within PPM49 allowance and the receipt date is accurate and matches a legitimate business purchase and need and/or approved business trip allowance and dates. (travel authorization form or travel system)
- |] As a cardholder, to ensure the Travel Card log has a complete description of each charge to the program if the receipt does not contain an adequate description, both on paper or electronic in Workflow, once agency has been implemented.
- ☐] As a cardholder, to ensure transactions have been coded properly, if applicable, for payments as outlined in the agency policy and procedures and as required in Workflow for ISIS and LaGov interfaced agencies.
- |] As a cardholder, to ensure that my email address is my State of Louisiana business email address and that my name and my email address match in Workflow, once agency has been implemented.
- ☐] As a cardholder, to ensure that I am NEVER the final approver of my own monthly transactions.
- |] As a cardholder, to ensure the travel log, all receipts/supporting documentation and the monthly statement coincides.
- |] As a cardholder, to ensure that once my reconciliation/approval/accounting codes are verified and completed, all receipts, supporting documentation, cardholder log and monthly statement with both mine and my approver's signature, findings and justifications, and travel authorization and expense forms, are forwarded to the agency's fiscal office for review and maintenance of the files, in a timely manner and in accordance with all agency policy requirements.
-] As a cardholder, that I may never use the State Travel Card for personal or non-business charges. Travel Card is for state business use only.
- |] As a cardholder, that I may never loan the card to anyone for use.
- |] As a cardholder, to ensure that all required transaction documentation, (both paper and un-editable electronic format, once Workflow has been implemented), special approvals, etc., is timely and in accordance with the agency's internal policy. Every transaction must have a receipt with a full description, not a generic description such as "general merchandise" or item should be fully documented/described elsewhere. (both paper and un-editable electronic format, once Workflow has been implemented)

- |] As a cardholder, that I may not exceed \$5,000 per contract per day.
- |] As a cardholder, that I may never include full Travel Card account number in emails, fax, reports, memos, etc.
- |] As a cardholder, that I may never attempt to access cash, as cash is not allowed through this program.
- |] As a cardholder, that I may never accept cash in lieu of a credit to the Travel Card account.
- |] As a cardholder, that I may never place incidentals on State Travel Card without Office of State Travel/agency prior approvals, if applicable.
- |] As a cardholder, that I may never purchase gift cards or gift certificates on the State Travel Card.
- |] As a cardholder, that I must never use Travel Card for alcohol, food or entertainment services without prior approval from Office of State Travel /agency.
- |] As a cardholder, that I must present a personal credit card when checking into a hotel to cover any incidentals, as incidentals are not allowed on the State Travel Card.
- |] As a cardholder, that I should never use the Travel Card for fuel or vehicle maintenance if the agency is part of the Fuel Card and Maintenance Contract. If I am in a geographical location where the contract is not covered, I may use Travel Card to purchase gasoline, but only for a rental or state owned vehicle, never for a personal vehicle.
- |] As a cardholder, that I must never use Travel Card to avoid procurement or payment procedures.
- |] As a cardholder, that I have obtained agency program training.
- |] As a cardholder, that I must never make a payment directly to the bank if unauthorized charges or accidental personal charges are placed on the card. If this should happen I must immediately contact the agency program administrator.
- |] As a cardholder, that I must immediately notify Bank of America and the agency program administration if fraudulent charges are noticed on the State Travel Card.
- |] As a cardholder, I should always notify my approver or the agency program administrator if higher or lower limits are necessary to perform my duties.
- |] As a cardholder, I understand that failure to properly fulfill my responsibilities, or in the case of willful and negligent default of my obligations, as a travel cardholder, could result, at a minimum, in the following:
 - |] Written counseling which would be placed in my employee file for a minimum of 12 months.

- ☐ Reimbursements to my agency and/or deduction for any unauthorized charges and allowance overages until all unauthorized charges are paid in full.
- ☐ Any remedy for recovery of unpaid amounts, including referring of unpaid amounts to an attorney for collection.
- ☐ Cancellation of Travel Card. Once card is cancelled I will not be allowed to receive a new card for the state's program.
- ☐ Consultation with agency program administrator, and possibly head of the agency and internal auditor section.
- ☐ Disciplinary actions, up to and including termination of employment.
- ☐ Legal actions, as allowed by the fullest extent of the law.

I have read and understand all my responsibilities as initialed above, along with all guidelines, policies and procedures, rules and regulations, PPM49, statutes and executive orders, if applicable, associated with the State Liability LaCarte Travel and CBA Program.

Cardholder Name (please print): _____

Cardholder Signature: _____

Cardholder Agency/Section/Department Name: _____

Cardholder Title: _____

Cardholder Email Address: _____

Cardholder Phone Number: _____

Cardholder Fax Number: _____

Date: _____